## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000058931 (4)

AGRA PRODUCTS USA, INC.

**FILED** Mar 18 1998 8:00am Secretary of State

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Principal Plac	de of Business	Mailing Address			. 4.14. 12.19. 12.42 11(6) 1161 121 1251		
196 S. VOLUSIA AVENUE 136 S. VOLUSIA AVENUE ARCADIA FL 33621-4324 ARCADIA FL 33621-4324							
AHCADIA FL	33621-4324	ARCADIA FL 33821-4324		DO NOT WRITE IN TH	HC CDACE		
				3. Date Incorporated or Qualified	IIO OF AOL		
				08/10/1994			
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 /5//	18 SESMO Street	26 P.O. Bo)	(1376	65-0516534	Not Applicable		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22 City # Ctat		27	· · · · · · · · · · · · · · · · · · ·	g, sometion diates because	Fee Required		
City & Stat		City & State	L 5	6. Election Campaign Financing	\$5.00 May Be		
23 OCK	lawaha FZ Country	28 OCK awa	Country	Trust Fund Contribution	Added to Fees		
Zip 24 3211	83 25 Marion		30 MarioN	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible  Yes No		
	9. Name and Address of Current		1	10. Name and Address of New Register			
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 81 Name							
1	3 ALMERIA AVENUE		100				
1	DRAL GABLES FL 33134		82 Street Add	dress (P.O. Box Number is Not Acceptable)			
			83				
İ							
l			84 City	E	85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes	s. the above-named co				
office or r	registered agont, or both, in the State in	of Florida, Such change was au	thorized by the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered		
ľ	an rannal with, and accept the obliga	tions or, section 607.0505, Flor	ida Sialules.				
SIGNATURE	Signature, typed or printed name of registered agen	I and title if applicable. (NOTE	Registered Agent signature requ	uired when reinstating) DAT	<u> </u>		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TALE	P	Change   Addition		
NAME	SCHRIMSHER, ALVIS J SR.		1.2 NAME	,			
STREET ADDRESS	136 S. VOLUSIA AVENUE		1.3 STREET ADDRESS	P.D. BOX 1376			
CITY-ST-ZIP	ARCADIA FL 33821-4324		1.4 CITY-ST-ZIP	Ocklawaha FL 3218	31114		
TITLE		DELETE	2.1 TITLE	P.O. BOX 1376 OCKlawaha, FL 3218 VP Charlotte N. Schrimsher P.O. BOX 1376 OCKlawaha, FL 32183	Change Addition		
NAME			2.2 NAME	charlotte Ni Schrimsher			
STREET ADDRESS			2.3 STREET ADORESS	P.O. Bo X 1376	<b>A</b> .		
CITY-ST-ZIP			2 4 CITY-ST-ZIP	BIKLOWEND, FL 32183	>		
TITLE		☐ DELETE	3.1 TITLE	*   + - / - / - /	Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY+ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TOTLE		DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELEYE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST 7IP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplierrental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: